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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature / initials		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 37	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 8
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<b>FILING FEE RECEIVED</b> 1732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		